

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/15/03.

I. DISPUTE

Whether there should be additional reimbursement for office visit (99203), range of motion (95851), therapies (97110, 97122) physical performance test (97750) and copies of medical reports submitted to the designated doctor (99080) provided from dates of service (DOS) 6/3/02 through 9/12/02. The provider submitted an updated "Table of Disputed Services" on 3/16/04, showing they did receive some payment, now only DOS in dispute are 6/3/02 through 8/22/02.

The respondent denials for these treatment/services were 'F-not according to Medical Fee Guidelines.' On DOS 6/3/02 the office visit was denied with "R –some body parts unrelated to injury." The HCFA's for all the dates of service in dispute, all had the same diagnosis codes, therefore MDR will consider this denial a 'typo' and review as the other DOS were denied with 'F-not according to Medical Fee Guidelines.'

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
6/3/02	99203	\$74.00	\$0.00	(R) F	\$74.00	CPT descriptor MFG-EM-GR (I)(B) (IV)(C	Relevant SOAP notes support delivery of services, therefore reimbursement is recommended in the amount of: \$74.00.
6/18/02	95851	\$36.00	\$0.00	F	\$36.00	MFG-MGR (I)(E)(4) MFG-EM-GR (IV) (A)(1)	The requestor quotes the MFG for when the doctor does the testing in addition to the office visit, but the 'report' has hand written notes from someone other than ____, then ____ initialed the 'report.' Reimbursement cannot be recommended for these DOS.
7/5/02	95851	\$36.00	\$0.00	F	\$36.00		
7/17/02	97122	\$35.00	\$0.00	F	\$35.00	MFG-MGR (I)(A)(10)	Four modalities are allowed. Relevant SOAP notes support delivery of services, reimbursement recommended in the amount of: \$35.00.
7/19/02	97110	\$105.00	\$0.00	F	\$35.00 ea. unit	413.016 MFG-MGR (I)(A)(9)(b)	See Rational below table. Reimbursement is not recommended.
7/19/02	97750	\$387.00	\$344.00	F	\$43.00 (per 15	MFG-MGR	Relevant SOAP notes and

					min w/ report)	(I)(A)(9,d, note)	measurements support delivery of service, additional reimbursement is recommended in the amount of: \$43.00.
7/22/02	95851	\$36.00	\$0.00	F	\$36.00	MFG-MGR (I)(E)(4) MFG-EM-GR (IV) (A)(1)	The requestor quotes the MFG for when the doctor does the testing in addition to the office visit, but the 'report' has hand written notes from someone other than ____, then ____ initialed the 'report.' Reimbursement cannot be recommended for this DOS.
8/22/02	99080	\$9.50	\$0.50	F	\$.50 per page	133.106 (f)(3)	Reimbursement is per page copied. The HCFA did not indicate how many pages were copied, therefore additional reimbursement cannot be recommended.
TOTAL		\$718.50	\$344.50				The requestor is entitled to reimbursement of \$152.00.

***Rational 97110**

MFG MGR (I)(A)(9,b -10), CPT descriptor

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution (MRD) section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light of all the Commission requirements for proper documentation. The MRD declines to order payment because: the requestor did not indicate or document that the injury was severe enough to warrant exclusive one-to-one therapy.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 99203, 97122 and 97750. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$152.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 16th day of April 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division
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